From Abilify to Zoloft:
Managing Psychiatric Medications for Children and Adults to Improve Behavioral Outcomes
-Mark DeAntonio, MD

"I have no relevant financial relationships to disclose."

I. History

A. 1950's: Separation of care of the psychiatrically ill from the developmentally disabled.

B. 1960's: Beginning of research into understanding biological understanding of developmental disabilities and autism.

C. 1990's: A refined understanding of how to diagnose and assess functionality in Autism.

D. 1990's: Emphasis on putting as many clients with developmental disabilities out of state hospitals into the general population.

E. 2000's: Psychiatric research focusing on functional and structure neurologic differences in Autism.

F. 2000's: Genetic research focusing on understanding the chromosomal abnormities causing Autism.

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II. Psychopharmacology and Developmental Disabilities

A. Psychiatric disorders often have specific medication interventions that have been documented to be efficacious with double blind placebo control trials.

B. Developmental disabilities, by their nature do not have specific neurotransmitter based abnormalities that can be definitively addressed by psychopharmacologic agents.

C. Psychopharmacologic intervention focuses assessing and treating co-morbid psychiatric illness or targeting maladaptive behavioral symptoms.

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III. Assessing Co-Morbid Psychiatric Disorders

A. All DSM IV psychiatric disorders can occur in the developmentally disabled.

B. Diagnosis more challenging as collection of symptoms is hampered by impaired cognitive and language ability.

C. In adults there are additional challenges as caregivers often have difficulty communicating clients symptoms due to lack of training or lack of observation.

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IV. <u>Treating Co-morbid Psychiatric Disorders</u>

A. Anxiety Disorders

B. Psychotic Disorders and Schizophrenia

C. Intermittent Explosive Disorders

D. Depressive Disorders

E. Bipolar Disorders

F. Tourettes and Tic Disorders

G. Post Traumatic Stress Disorder

H. Adjustment Disorders

I. Attention Deficit Hyperactivity Disorder

V. Assessing Psychopharmacology Interventions for Maladaptive Behaviors in the Developmentally Disabled

A. Ensure that the cognitive level of functioning, receptive and expressive level of functioning and adaptive level of functioning is assessed, documented and understood by caregivers, schools, and occupational or day program settings.

B. Ensure that environmental, behavioral interventions have been employed to address targeted maladaptive behaviors.

C. Ensure that medical and dental issues have been evaluated and addressed.

D. Ensure that neurologic issues such as seizure disorders, dementia, focal neurologic disorders have been addressed.

E. Ensure that prenatal influences (alcohol/drug exposure) and chromosomal abnormality have been clarified.

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VI. Psychopharmacologic Intervention for Behaviors

A. Neuroleptics – typical, atypical

B. Lithium

C. Anticonvulsants

D. Stimulants

E. Antidepressants

F. Antianxiety

G. Dementia medications

VII. Conclusion

A. Unfortunately, there are not clear cut strategies in treatment with little guidance from academic research.

B. Evaluation and treatment need to be individualized, requiring thoughtful assessment and an interdisciplinary team approach to intervention.

C. Efficacy of medications must be re-evaluate at regular intervals.

D. All medication interventions have potential side effects which need to be monitored.

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Vignette 1

32 year old male with Mild Mental Retardation has been diagnosed with Schizophrenia for the last 10 years. In his early twenties he developed agitation, paranoid delusion and auditory hallucination. He has been hospitalized over 12 times due to exacerbation of psychotic symptoms and aggression.

He is brought to a psychiatrist two weeks after his most recent hospitalization due to severe sedation. He is prescribed three antipsychotic medications all at high therapeutic doses, two anticonvulsant medications both at high therapeutic doses, one antidepressant medication and a high dose of long acting benzodiazepines. The staff does not know what to do.

How would one approach medication management without re-hospitalization?

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Vignette 2

Parents bring to your office an 8 year old girl diagnosed with Asperger's disorder for a medication consultation. The parents feel she is doing fine but the school is requesting the consultation due to outbursts in the classroom at pushing peers. During your evaluation the patient appear restless, easily agitated with mostly echolaliac language. She is difficult to redirect. She does not appear to be psychotic.

How would you proceed regarding medication?